

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.8
TITLE: FUNCTIONAL CORTICAL MAPPING

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b) (2)(vii), (b)(3)(vi) and (c) (2)(iv)

TRICARE POLICY MANUAL: Chapter 1, Section 22.3

I. EFFECTIVE DATE

January 1, 1991

II. PROCEDURE CODE(S)

95961, 95962

III. DESCRIPTION

Functional cortical mapping is carried out in patients in whom a surgical procedure has placed a subdural array of electrodes on the surface of the brain. The electrodes are stimulated on the brain surface to provoke seizures or identify vital cortex. This functional mapping allows the surgeon to determine the location of cortical neurologic functions, such as speech-related cortex.

IV. POLICY

A. Functional cortical mapping in the treatment of intractable complex partial epileptic seizures may be considered for cost sharing when provided in an authorized hospital and ordered by a physician when:

1. the need for clearer definition of the source of epileptic seizures exists, and
2. the physiologic study of brain regions surrounding the area of proposed brain resection is necessary in order to map vital areas of the cortex, such as speech and motor areas.

B. Other proven indications may be cost shared.

V. POLICY CONSIDERATIONS

All claims for functional cortical mapping are subject to medical review.

VI. EXCLUSIONS

Topographic brain mapping (TBM) performed from the surface of the scalp rather than from the surface of the brain or from deeper structures in the brain using indwelling electrodes.

END OF POLICY